• 1	" MULTIPLE DEPENDENT CLAIM								SERIAL NO.				FILING DATE		
FEE CALCULATION SHEET								10/552849							
(FOR USE WITH FORM PTO-875)								APPLICANT(S)				<u> </u>			
						<u> </u>	CLAIM	IS .							
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PTO - 1360	(REV. 11/04)				_		_		U.	S. DEPARTN					